FEC FORM 1

## STATEMENT OF ORGANIZATION

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FORM 1		C	PRGANI	ZATIO	ON							
									Office Use	Only		
1. NAME OF COMMITTEE (in	full)		(Check if name is changed)		mple:If typing r the lines.	, type	12FE	E4M5	- : :			
PRIVATE C	CARE	ASS	OCIATIO	N POI	_ITICAL	ACTI	ION	COM	1MIT	TEE,	, TH	Ę,
ADDRESS (number a	nd street)	PO Box	0911									
(Check if a is changed												
io onangeo	-,		rn Pines │				NC STATE	J L	8388	ZIP CC	DDE ▲	
COMMITTEE'S E-MA	AIL ADDRE	SS										
		habeg	gg@wc-b.com	) 								
		Optiona	l Second E-Mail	Address								
COMMITTEE'S WEB  (Check if a is changed	address	DRESS (U	JRL)									
2. DATE 12	2 06	D / Y	2022									
3. FEC IDENTIFIC	CATION NU	JMBER	C	C0049815	54							
4. IS THIS STATEM	MENT	NEW	V (N) OR	x	AMEND	ED (A)						
I certify that I have e	examined th	nis Statem	ent and to the b	pest of my	knowledge an	d belief it i	s true, c	orrect ar	nd comp	ete.		
Type or Print Name	of Treasure	r Specto	r, Marc, , ,									
Signature of Treasure	er <i>Specto</i>	or, Marc, , ,			[Electronically	Filed]	Date	M M M	06	D / Y	2022	Y
NOTE: Submission of	false, errone		complete informat						e penalti	es of 52	U.S.C. §	30109.
Office Use Only					For further infi Federal Election Toll Free 800-4 Local 202-694-	n Commission 24-9530				FOR		_ _

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. TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate inform	mation below.)
(b) This committee is an authorized committee, and is NOT a principal campaign cor information below.)	mmittee. (Complete the candidate
Name of Candidate	
Candidate Party Affiliation Office Sought: House Senate	State President District
(c) This committee supports/opposes only one candidate, and is NOT an authorized	
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization or	n line 6.) Its connected organization is a:
Corporation Corporation w/o Capital Stock	Labor Organization
Membership Organization	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	_
(f) This committee supports/opposes more than one Federal candidate, and is NOT committee. (i.e., nonconnected committee)	a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on lin	ne 6.)
(g) This committee is an independent expenditure-only political committee (Super PAC	C).
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution	accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses no committees/organizations, at least one of which is an authorized committee of a f	·
(j) This committee collects contributions, pays fundraising expenses and disburses no committees/organizations, none of which is an authorized committee of a federal of	•
Committees Participating in Joint Fundraiser	
1.	C
	C

Treasurer

	-			
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٧	Vrite or Type Committee Name			
	PRIVATE CARE	ASSOCIATION POLITICA	L ACTION COMMI	TTEE, THE
6.	Name of Any Connected O Private Care Associa	rganization, Affiliated Committee, Joint Fundra ation	ising Representative, or Leaders	ship PAC Sponsor
	Mailing Address	4700 NW 2nd Avenue		
		Fourth Floor		
		Boca Raton	FL 33431	
		CITY ▲	STATE ▲	ZIP CODE ▲
7.	Relationship: X Connected  Custodian of Records: Identification	Organization Affiliated Organization Join Join ify by name, address (phone number optional) are		Leadership PAC Sponso
	books and records.			
	Spector, M	arc, , ,		
	Full Name	<sub>1</sub> 208 South 28th Ave		
	Mailing Address	200 SOURT ZOUT AVE		
		Hollywood	FL 33020	
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Custodian		ephone number 954 - L	522
8.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the trea assistant treasurer).	surer of the committee; and the na	ame and address of
	Full Name Spector, M	arc, , ,		
	of Treasurer			
	Mailing Address	208 South 28th Ave		
		Hollywood	FL 33020	
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			

954

Telephone number

522

1112

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Full Name of Designated Agent		1 1 1 1 1 1 1 1 1 1	
Mailing Address			
	CITY A	STATE ▲	ZIP CODE ▲
Title or Position ▼			
		Telephone number	
Banks or Other Depos safety deposit boxes or	sitories: List all banks or other depositories in what maintains funds.	hich the committee deposits fu	nds, holds accounts, rents
Name of Bank Danasi	vanu eta		
Name of Bank, Deposit			
We	Ils Fargo		
Mailing Address	980 North Federal Highway		
	Boca Raton	, , , ,     FL	33432
	CITY A	STATE ▲	ZIP CODE ▲
Name of Bank, Deposit	ory, etc.		
L			
Moding Address			
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲